COMMITTEE REPORT

MADAM PRESIDENT:

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The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 460, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, line 17, after "secretary" insert "or the office of the

2	secretary's designee".
3	Page 2, line 1, after "secretary" insert "or the office of the
4	secretary's designee".
5	Page 2, line 4, after "secretary" insert "or the office of the
6	secretary's designee".
7	Page 2, line 13, strike "sixty (60)" and insert "three hundred
8	(300)".
9	Page 2, line 14, delete "secretary," and insert "secretary or the
10	office of the secretary's designee,".
11	Page 2, line 19, strike "sixty (60)" and insert "three hundred
12	(300)".
13	Page 2, line 20, delete "." and insert "or the office of the
14	secretary's designee.".
15	Page 2, line 27, after "secretary" insert "or the office of the
16	secretary's designee".
17	Page 2, line 29, after "secretary" insert "or the office of the
18	secretary's designee".
19	Page 2, line 31, after "secretary" insert "or the office of the
20	secretary's designee".
21	Page 3, line 14, delete "secretary." and insert "secretary or the

1 office of the secretary's designee.". 2 Page 3, line 16, after "secretary" insert "or the secretary's 3 designee". 4 Page 3, line 27, after "secretary" insert "or the office of the 5 secretary's designee". Page 3, line 28, after "secretary" insert "or the office of the 6 7 secretary's designee". 8 Page 3, line 32, after "secretary" insert "or the office of the 9 secretary's designee". 10 Page 3, line 34, delete "Following consideration of an institutional 11 provider's" and insert "Finalize the audit findings and issue the 12 preliminary recalculated Medicaid rate. 13 (c) An institutional provider that receives a preliminary recalculated Medicaid rate under subsection (b)(2) may request 14 15 administrative reconsideration of the preliminary recalculated 16 Medicaid rate not later than forty-five (45) days after the issuance 17 of the preliminary recalculated rate. The institutional provider 18 must request administrative reconsideration before filing an 19 appeal. 20 (d) Following reconsideration of an institutional provider's 21 comments, the office of the secretary or the office of the secretary's 22 designee shall notify the institutional provider in writing that the 23 office of the secretary or the office of the secretary's designee: 24 (1) believes that the overpayment has occurred; and 25 (2) is issuing a final recalculated Medicaid rate. 26 (e) Upon the next payment cycle, the office of the secretary or 27 the office of the secretary's designee shall retroactively implement 28 the final recalculated Medicaid rate.". 29 Page 3, delete lines 35 through 42. 30 Page 4, delete lines 1 through 3. 31 Page 4, line 4, delete "(d)" and insert "(f)". 32 Page 4, line 4, delete "office of". 33 Page 4, line 5, delete "the secretary's". 34 Page 4, line 5, delete "response," and insert "response issued by the 35 office of the secretary or the office of the secretary's designee,". 36 Page 4, line 6, delete "hearing." and insert "hearing by filing an 37 appeal with the office of the secretary not later than sixty (60) days 38 after the issuance of the reconsideration response.". 39 Page 4, line 7, delete "(e)" and insert "(g)". 40 Page 4, line 8, delete "(d)" and insert "(f)". 41 Page 4, line 8, after "office" insert "or the office's designee". 42 Page 4, line 10, after "secretary" insert "or the office of the

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         secretary's designee".
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             Page 4, line 11, after "secretary" insert "or the office of the
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         secretary's designee".
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             Page 4, line 18, delete "(f)" and insert "(h)".
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             Page 4, line 24, delete "(g)" and insert "(i)".
             Page 4, line 25, after "secretary" insert "or the office of the
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 7
         secretary's designee".
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             Page 4, line 30, delete "(h)" and insert "(j)".
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             Page 4, line 31, after "secretary" insert "or the office of the
10
         secretary's designee".
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             Page 11, line 42, after "16." insert "Comprehensive Care".
             Page 12, line 1, after "1." insert "(a)".
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             Page 12, line 2, delete "health facility," and insert "comprehensive
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14
         care health facility,".
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             Page 12, delete lines 5 through 6.
             Page 12, line 7, delete "(C) has" and insert "(B) either:
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                    (i) has".
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             Page 12, line 8, delete "and" and insert "or
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                    (ii) is seeking only to license a bed that has been obtained
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                    through purchase or agreement from an existing licensed
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                    comprehensive care health facility; and".
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             Page 12, line 9, delete "(D)" and insert "(C)".
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             Page 12, delete lines 11 through 13.
2.4
             Page 12, line 14, delete "(3)" and insert "(2)".
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             Page 12, line 14, after "A" insert "comprehensive care".
2.6
             Page 12, line 14, delete "does" and insert "is transferring or
2.7
         relocating an existing comprehensive care health facility.".
2.8
             Page 12, delete lines 15 through 20.
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             Page 12, line 21, delete "(4)" and insert "(3)".
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             Page 12, line 24, after "a" insert "comprehensive care".
31
             Page 12, line 24, delete "(1)(C)." and insert "(1)(B).".
32
             Page 12, between lines 24 and 25, begin a new paragraph and insert:
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             "(b) If a replacement bed license is being transferred as
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         described in subsection (a) to a different comprehensive care health
         facility with the same ownership, the comprehensive care health
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36
         facility holding the comprehensive care bed license shall provide
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         the state department with written verification that the health
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         facility has agreed to transfer the beds to the applicant health
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         facility.
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             (c) If a replacement bed license is being transferred as described
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         in subsection (a) to a different comprehensive care health facility
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         under different ownership, the comprehensive care health facility
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1 transferring the bed license shall provide the state department with 2 a copy of the complete agreement between the comprehensive care 3 health facility transferring the beds and the applicant 4 comprehensive care health facility. 5 (d) Except in the case of an emergency or a disaster, licensure 6 of an existing comprehensive care bed may not be transferred to a 7 new location until the new facility is seeking licensure of the bed.". Page 12, line 26, after "self-contained" insert "comprehensive 8 9 care". 10 Page 13, line 6, after "new" insert "comprehensive care". 11 Page 13, line 8, before "health" insert "comprehensive care". Page 14, line 3, after "house" insert "comprehensive care". 12 13 Page 15, line 3, delete "the following:" and insert "a comprehensive 14 care health facility that: 15 (1) seeks a replacement bed exception; 16 (2) is licensed or is to be licensed under this article; 17 (3)". Page 15, delete lines 4 through 5. 18 19 Page 15, line 6, delete "(B)". 20 Page 15, run in lines 3 through 6. 21 Page 15, line 10, delete "bed in the same facility;" and insert "bed;". 22 Page 15, line 12, delete "(C)", begin a new line block indented and 23 insert: 24 "(4)". 25 Page 15, delete lines 13 through 25, begin a new line double block indented and insert: 26 2.7 "(A) described in subsection (c); and 28 (B) prescribed by the division; and 29 (5) meets the licensure, survey, and certification requirements 30 of this article.". 31 Page 15, line 31, after "(2)" insert "If the replacement bed is being 32 transferred to a different comprehensive care health facility with 33 the same ownership, provide the division of aging with written 34 verification from the health facility holding the comprehensive care bed certification that the health facility has agreed to transfer the 35 36 beds to the applicant health facility. 37 (3) If the replacement bed is being transferred to a different 38 comprehensive care health facility under different ownership, 39 provide the division of aging with a copy of the complete 40 agreement between the comprehensive care health facility 41 transferring the beds and the applicant comprehensive care

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health facility.

1	(4) ".
2	Page 15, line 33, after "5." insert "Except in the case of an
3	emergency or a disaster, Medicaid certification of an existing
4	comprehensive care bed may not be transferred to a new location
5	until the new facility is seeking certification of the bed.
6	Sec. 6.".
	(Reference is to SB 460 as introduced.)
and when so amo	ended that said bill do pass and be reassigned to the Senate Committee on Appropriations.
Committee Votes	: Yeas 7, Nays 0.
	Senator Miller, Chairnerson